



TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: May 22, 2006

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage. These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

FPL Change Letter for Medicare Members

Prescription Advantage will implement the new federal poverty guidelines on July, 1, 2006. These guidelines establish the membership categories for Prescription Advantage members. Based on a member's reported gross annual household income, these new guidelines may place members in a different membership category with increased benefits.

The rate information in the letter will vary depending on the category the member is placed in. The sample letter attached is for a member that will be placed in category 3.

The letters will be mailed this week to members affected by the change.



<Date>

ID Number: <ID Number>

<Name>

<Address>

<City, State Zip>

Dear <First Name><Last Name>:

On July 1, 2006, Prescription Advantage will implement new federal poverty guidelines. These guidelines establish the membership categories for Prescription Advantage members. Based on your reported gross annual household income, these new guidelines have placed you in a different membership category with increased benefits.

Although only some rates may have changed, all of your individual rates are listed below for your reference.

With Prescription Advantage You Will Pay...	
Monthly Premium	<ul style="list-style-type: none">• \$20 for your Medicare drug plan's monthly premium for Basic coverage (the minimum Medicare drug plans must provide) up to \$30.27.• If you select a Basic plan with a monthly premium that is higher than \$30.27, you will pay the difference.• If you select an Enhanced plan, you will also pay the portion of the premium which covers the enhanced benefits.
Co-payments Generic Drugs Brand Name Drugs	For each drug covered by your plan: <ul style="list-style-type: none">• No more than \$12• No more than \$30
Annual Out-of-Pocket Spending Limit	<ul style="list-style-type: none">• \$1,800• Once you reach this limit, your co-payment will be \$0 for drugs covered by your Medicare drug plan.



In order to receive coverage from Prescription Advantage, you must remain enrolled in a Medicare Prescription Drug Plan. If you are not enrolled in a Medicare Prescription Drug Plan, you will not receive any coverage from Prescription Advantage. If you need assistance in choosing a Medicare Prescription Drug Plan or if you are unsure whether or not you are enrolled in a plan, please contact Customer Service.

Please note that you are responsible for reporting any changes to the information provided in your application, such as changes to your address or your income, to Prescription Advantage. Failure to do so may result in the termination of your benefits.

If you have any questions, please call Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,
Prescription Advantage

You have the right to request a review of decisions made by Prescription Advantage regarding your membership and benefits. For more information, please contact Customer Service.

ID Number: